

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard Hsiao et al.

Atty Docket: SJO9-2000-0067US2

Serial No.: 10/633,016

Art Unit: 2652

Filing Date: August 1, 2003

Examiner: Tupper, Robert S.

Title: "METHOD FOR SEED LAYER REMOVAL FOR MAGNETIC HEADS"

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is an Amendment for this application.

STATUS

Applicant is
 a small entity.

 other than a small entity.

EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 430.00	\$215.00
<input type="checkbox"/> three months	\$ 980.00	\$490.00
<input type="checkbox"/> four months	\$1,530.00	\$765.00

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

 An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on November 18, 2004, with the U.S. Postal Service as first class mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: November 18, 2004

Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	<i>OR</i>	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
Total *	Minus *0*	=	x9=	\$	x18=	\$
Indep. *	Minus *0*	=	x44=	\$	x88=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+150=	\$	X300=	\$
			TOTAL ADDIT. FEE	<i>OR</i>	TOTAL ADDIT. FEE	\$

No additional fee for claims required.
 Total additional fee for claims required \$ _____.

FEE PAYMENT

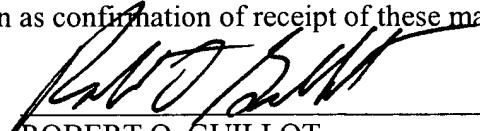
Attached is a check in the sum of \$ _____.
 Charge Account No. 08-3240 the sum of \$ _____.
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-3240. A duplicate of this authorization is enclosed for that purpose.

Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: November 18, 2004



ROBERT O. GUILLOT
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IPL®

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